

MERCY EMPLOYEE CHILD CARE CENTER

1010 Three Springs Blvd., Durango, Colorado 81301

Phone: 970-764-1375 Fax: 970-764-1389

korinneorris@centura.org

PRE-REGISTRATION FORM

Parent's Name: _____ Employed By: _____

Work Phone #: _____ Extension: _____

Cell Phone #: _____

Parent's Name: _____ Employed By: _____

Work Phone #: _____ Extension: _____

Cell Phone #: _____

Home Address _____

Home Phone #: _____

Email address: _____

List your needs:

Child's Name	Sex	Age	Birthday Due Date	Special Requirements*	Days of Week	Times of Day

*Please note that if your child has a specific special need that requires a health care plan, we will need it before your child's first day.

The first day that I will need coverage is: _____

I need the days and hours listed above scheduled consistently each week.

I am flexible to take whichever days are available.

My needs change on a weekly basis (MRMC employees only).

I agree to pay registration fees, complete all required application information and provide documentation of a health checkup and vaccinations prior to the first day of coverage.

Parent's Signature _____

Date _____

*While we do prioritize to Mercy employees, acceptance on the waitlist does not guarantee enrollment.